

Health Check/Immunization Study (2002)
Follow-up March 2004

The Health Services Analysis Team Statistical Services Unit presented the report *Health Check and Immunization Compliance: A Medical Record Study Among North Carolina Medicaid Children 6 through 24 months of Age* to the Division of Medical Assistance on October 2, 2002. Based on this report several areas of improvement were targeted for intervention during the calendar year 2003 and are listed in the table below..

Areas of improvement	Age in months	Rate
Immunizations	6-17	40%
	18-24	41%
Vision screening	4-6	14%
	12	5%
Hearing screening	9-12	31%
Lead screening	12	31%
	24	24%
Developmental screening	12-24 months	17%

The Division of Medical Assistance participated in several activities to improve rates for immunization, vision and hearing screenings, lead screenings, and developmental screenings. Those activities are as follows.

Health Check Coordinators (HCCs) have worked in collaboration with Carolina Access II & III Case Managers and Program Operations Managed Care Consultants during 2003 to promote the importance of establishing a medical home for each Medicaid eligible child. HCCs identify children who are delinquent for periodic Health Check screenings using the AINS data system as well as claims driven emergency department utilization reports. Phone calls are made by HCCs to parents or guardians of children who are delinquent for screenings to emphasize the importance of routine periodic screenings that include vision and hearing screenings as well as lead screening, written developmental screenings, and age appropriate immunizations. The promotion of the medical home has been deemed the most effective way to get children in for routine Health Check examinations and the best way to insure that age appropriate screenings and immunizations are performed. If the child has not been linked with a primary care provider (PCP) the parent or guardian is assisted with choosing a PCP to provide medical home care for the child and is educated about the provider's office hours and after hours availability in the event of an emergency. When appropriate a referral is made to a Case Manager for more intense follow-up. In turn, Case Managers referral less intensive follow-up calls to HCCs.

Currently, the North Carolina Immunization Registry is available in all Local Health Departments (LHDs) and private providers are continually encouraged to share

immunization data with LHDs for entry into the registry. The Division of Medical Assistance is also working with the Immunization Branch at the Division of Public Health (DPH) and the Division of Information Resource Management (DIRM) to allow access of a new North Carolina Immunization Registry (NCIR) to all LHDs as well as private provider offices. The projected date for implementation of the NCIR is January 2005. As an interim measure the Immunization Branch at DPH has encouraged providers to access Provider Access to Immunization Registry Securely (PAiRS.) PAiRS is an internet based application allowing providers look-up capability to databases of public and private immunization records. Up-to-date immunization dates in these databases will assist providers in keeping immunizations current.

In August 2003 Quality Management and the Health Check Program began participating in a Lead Elimination Plan Work Group along DPH, the North Carolina Housing Finance Agency, Duke University, North Carolina Pediatric Society, the North Carolina Department of Commerce, the North Carolina Division of Environmental Health, the North Carolina State Laboratory, the North Carolina Division of Child Development, North Carolina Legal Aid, the North Carolina Association of Local Health Directors, the North Carolina Environmental Health Supervisors, and the Child Advocacy Institute as well as numerous local coalitions and community service groups. The group collaborated to write a grant proposal "to elimination of lead poisoning in North Carolina by 2010 through health and housing initiatives." An initial draft of the proposal was submitted to CDC in February. CDC will review the draft and make recommendations for corrections and additional information. The deadline for the submission of the final proposal to CDC is June 30, 2004. The grant monies will be used to increase lead awareness and training for health care and other professionals, to target properties at high-risk for lead contamination, facilitate the integration of housing programs and policies, to fund lead clean-up, and the development of a checklist for use by providers to identify children at risk for lead exposure.

The ABCD grant program sponsored by The Commonwealth Fund promotes early childhood developmental services for children from low-income families. Health Check worked during 2003 with the North Carolina ABCD Project Coordinator and Quality Management staff to identify strategies for promoting the use of validated developmental screening tools during periodic Health Check screenings. The ABCD Project Coordinator traveled throughout North Carolina to promote developmental screenings and to educate providers about the use of appropriate validated tools. Currently, Quality Management is participating in the Healthy Development Collaborative with DPH, primary care practices, professional organizations, insurers, and the North Carolina Center for Children's Healthcare Improvement (NC CHI) to support practices, community partners, office systems, and parents in assessing, measuring, and improving the delivery of developmental and preventive services as well as refining and reporting anticipatory guidance topics, family centered care, and family assessment. The 2004 Health Check Billing Guide will address the use of validated developmental screenings

tools at ages 6 months, 12 months, once between 18 and 24 months, 3 years, 4 years, and 5 years old as well as identifying the screening on the claim using CPT code 96110.

As a follow-up to the *Health Check and Immunization Compliance report*, a medical record review will be conducted by Medical Review of North Carolina (MRNC) and Quality Management during 2004 that will specifically focus on immunizations, hearing assessments, vision assessments, lead screening, and developmental screening using the criteria applied during the 2002 review. After comparison of the results additional educational initiatives will be implemented as needed.